

Políticas Públicas Basadas en Evidencia

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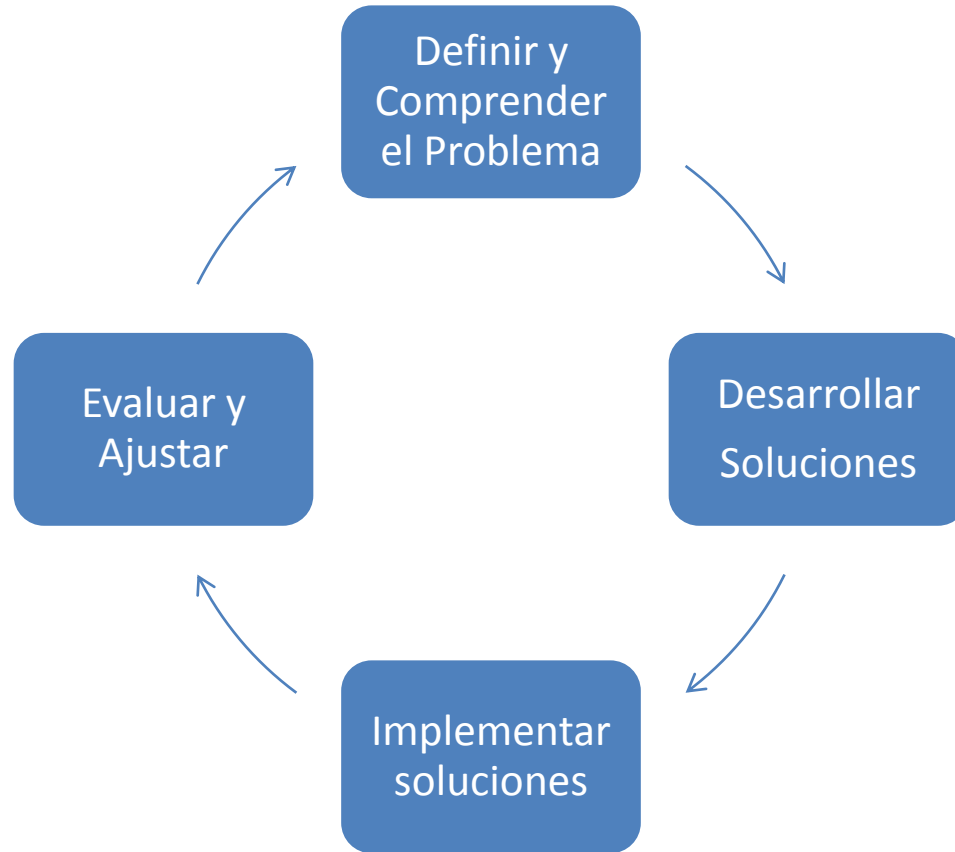
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El Ciclo de la Política Pública



Cómo se toman las decisiones?



Política Pública Basada en Evidencia

- ✓ La investigación debe ser realizada antes que la política pública.
- ✓ Entonces, para tomar decisiones, surge la Revisión Sistemática como una solución.
- ✓ La expectativa es que la decisión de los hacedores de política se tomará después de una revisión cercana de las evidencias disponibles.

Una sola Pregunta: Qué es lo que funciona?

- ✓ Cómo determinar que algo “funciona”?
- ✓ Ocurrencia simultánea de eventos, no es la manera (regularidad, uniformidad, constantes).
- ✓ El objetivo es elegir una intervención sobre la base que existe una posibilidad razonable de lograr el efecto o el resultado evaluado en cualquier lugar.
- ✓ Por ello, para lograr las conexiones de causalidad, se necesita entender los patrones de resultados antes que buscar regularidades de resultados.

Evidencia

Investigación científica que da cuenta de la existencia de una relación de causalidad entre factores (resultados) o entre intervenciones y factores (resultados).



Review article

School-based teenage pregnancy prevention programs: a systematic review of randomized controlled trials

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Abstract

We compared school-based abstinence-only programs with those including contraceptive information (abstinence-plus) to determine which has the greatest impact on teen pregnancy. The United States has one of the highest rates of teen pregnancy in the industrialized world. Programs aimed at reducing the rate of teen pregnancy include a myriad of approaches including encouraging abstinence, providing education about birth control, promoting community service activities, and teaching skills to cope with peer pressure. We systematically reviewed all published randomized controlled trials of secondary-school-based teen pregnancy prevention programs in the United States that used sexual behavior, contraceptive knowledge, contraceptive use, and pregnancy rates as outcomes. © 2005 Society for Adolescent Medicine. All rights reserved.

Keywords:

Teen pregnancy; Abstinence; Abstinence-plus programs; Sex education; Pregnancy prevention; Systematic review

The teenage pregnancy rate in the United States is the second highest among 46 industrialized countries after Russia [1,2]. The birthrate of unmarried American women aged 15 to 19 years quadrupled from 1960 to 1992, reaching a peak in 1991 [3]. Increased sexual activity, increased fertility, increased intended pregnancy rates, and decreased abortion in the United States can theoretically explain these outcomes, but existing data show that low rates of contraceptive use is the major reason [1,4]. Although contraception prevents an estimated 1.65 million teen pregnancies per year in the United States, only 75% of American teenagers use some form of contraception during their first sexual encounter, and less than 30% of sexually active teens 15 to 19 years of age use birth control consistently [5].

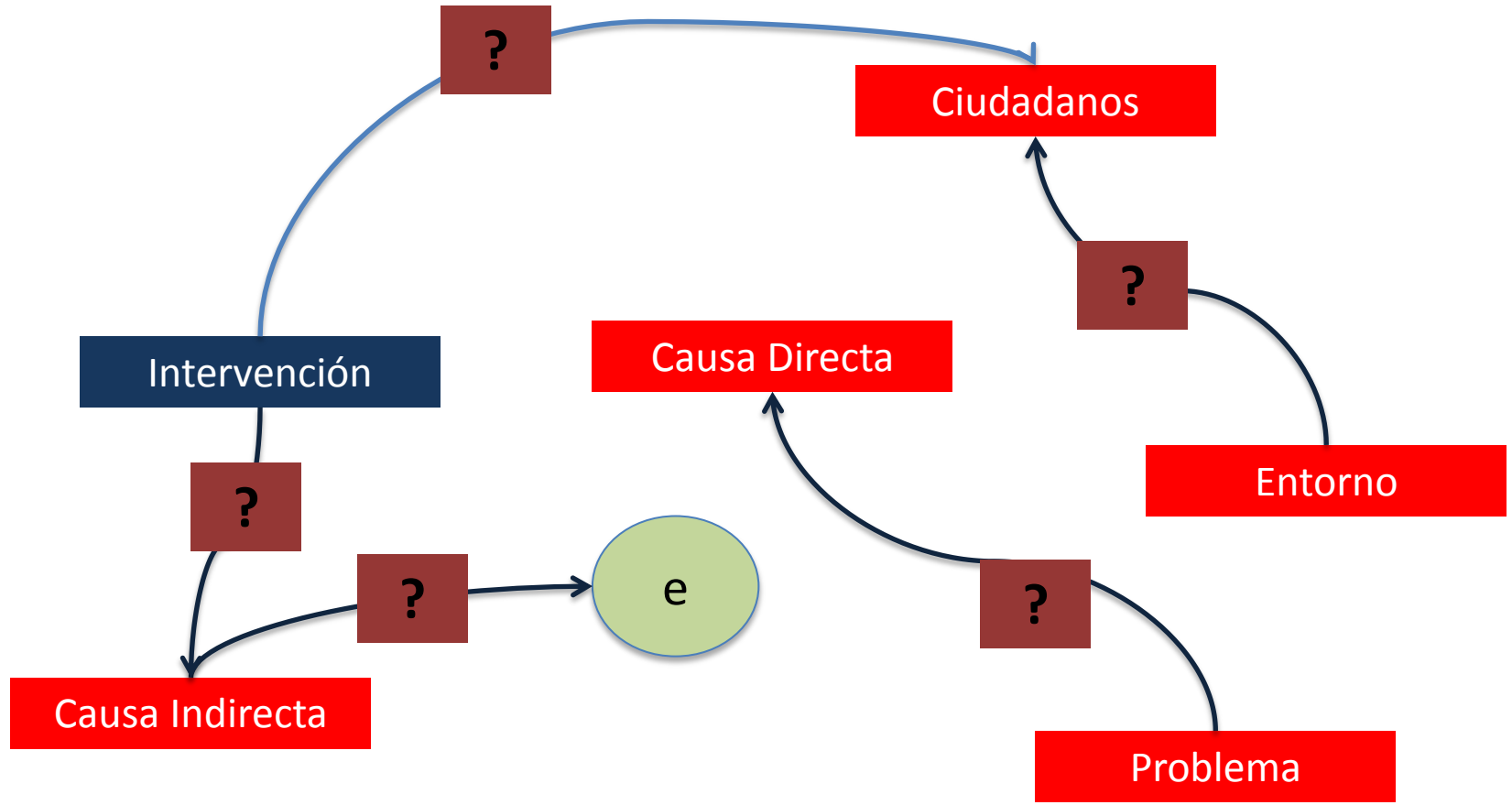
Despite data indicating that contraception decreases rates of teen pregnancy [6], there is no consensus on the most effective content of public schools' sex-education curricula,

and few issues have provoked such heated debate. One objection to provision of contraceptive information in schools is the belief that such information leads to inappropriate sexual behavior. In accordance with this view, federal funding for abstinence-only programs increased to its highest level yet in 2001 at 20 million dollars [7]. A recent survey of school superintendents revealed that one-third of school districts in the United States prohibited contraceptive education unless it was to emphasize its limitations [8]. A national survey of middle and high school teachers showed that the proportion of sexual education teachers informing their students that abstinence was the only way to prevent pregnancy and infections rose from 2% in 1988 to 23% in 1999 [9]. Forty-one percent of teachers in 1999 indicated that abstinence was the most important message they wished to convey, vs. 25% in 1988 [9].

In contrast, a recent national survey revealed that 78% of the parents of teenagers believed that their children should learn in school about birth control and safer sex [10]. Medical organizations such as the Institute of Medicine, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, and American Academy

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Evidencia

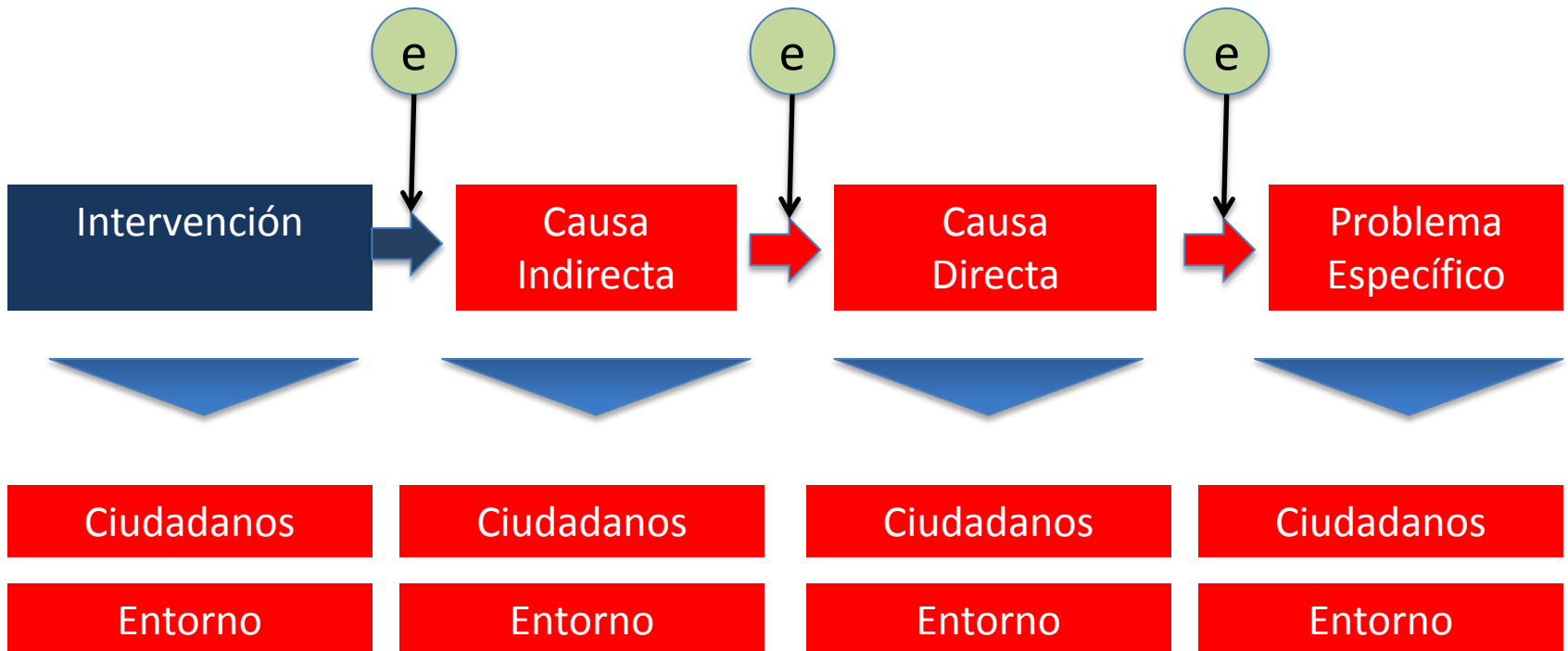


Evidencia

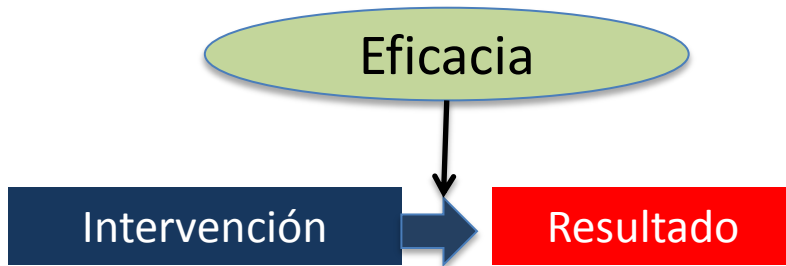
“Las relaciones de causalidad se entenderán como del tipo “la ocurrencia de A genera la ocurrencia de B”, o “siempre que ocurre A ocurre B, y si ocurre B es porque A ha ocurrido”.

Las relaciones de asociatividad se entenderán como “en promedio la ocurrencia de A está asociada a la ocurrencia de B”, o “siempre que ocurre A, ocurre B, pero puede presentarse B sin necesidad que se haya presentado A” (factor asociado).

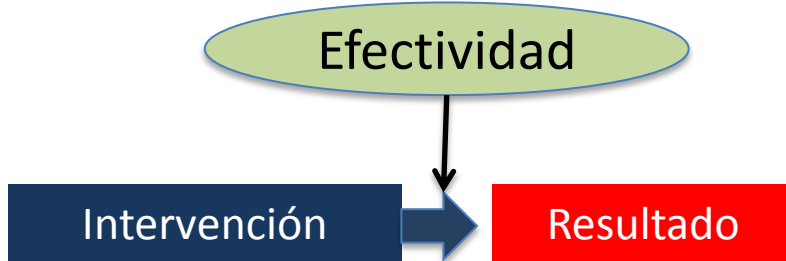
Fuente: MEF



Evidencia

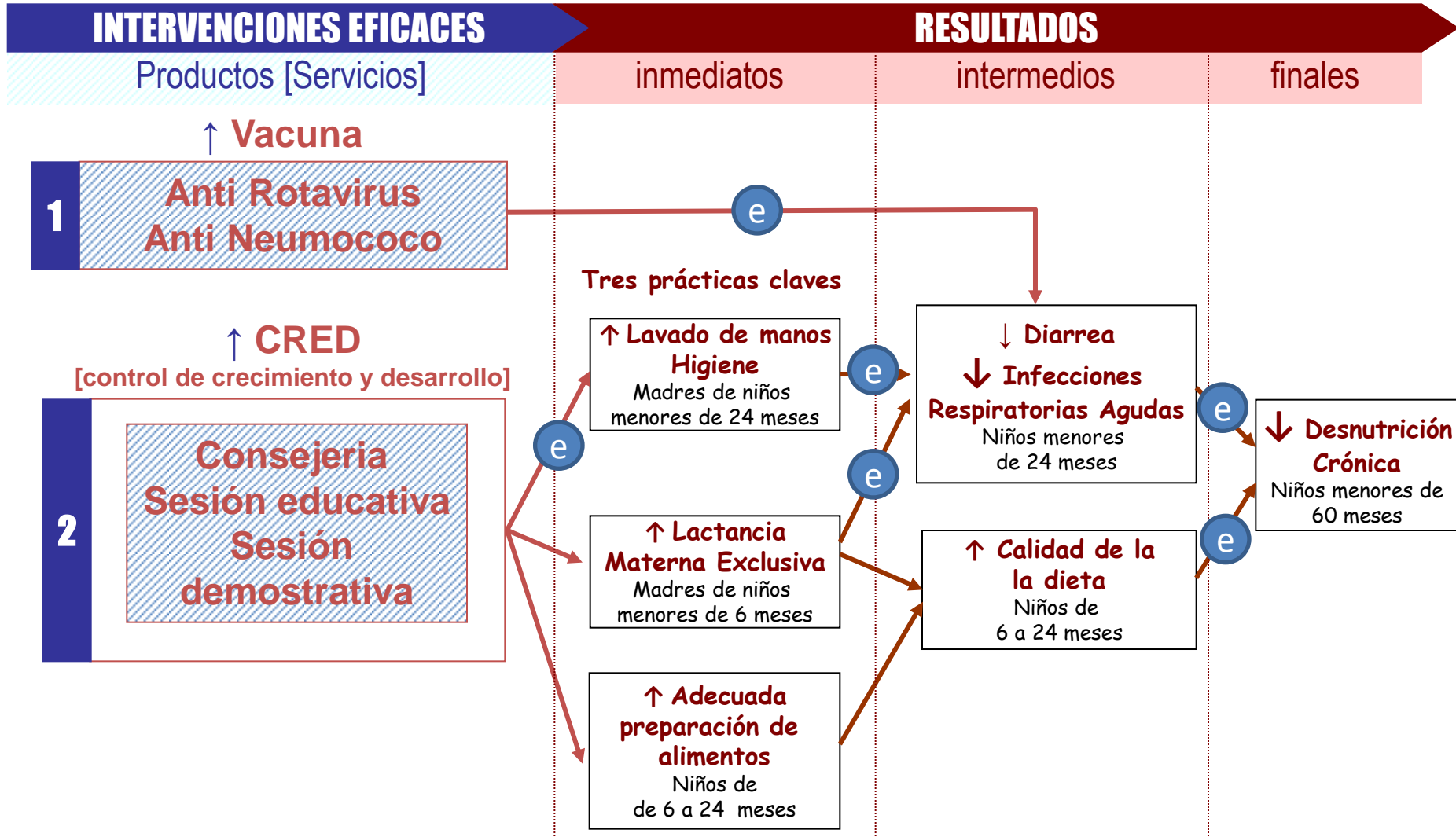


Diseño, previo a la ejecución



Ejecución, el Estado lo lleva a campo

Estrategias Causales Basadas en Evidencia



Estrategias Causales Basadas en Evidencia

Incidencia de Neumonía

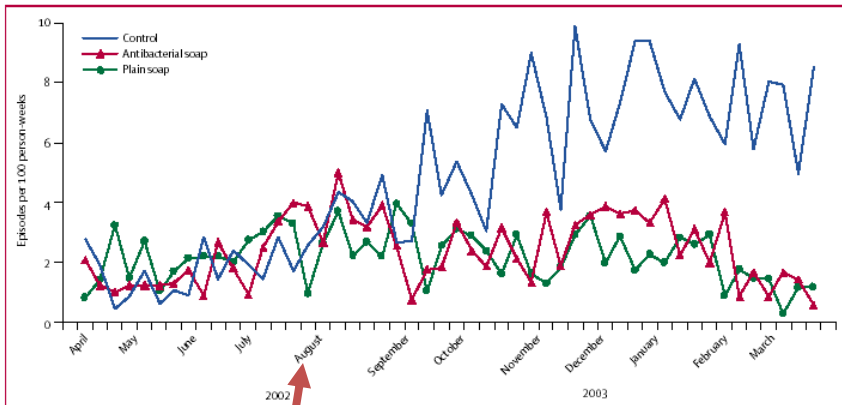


Figure 2: Incidence of pneumonia in children younger than 5 years

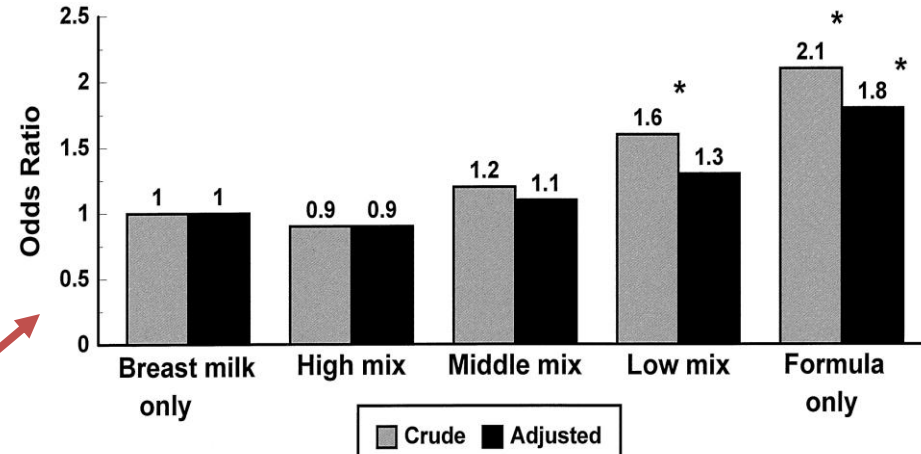
Lavado de manos

Lactancia exclusiva

Preparación de alimentos

Consejería
Sesión educativa
Sesión demostrativa

Incidencia de Diarrea



Evolución de la Talla para la edad

